



TOWN OF EAGAR, ARIZONA
BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____
DBA: _____ Business Type: _____
LOCATION: _____
Physical Address City State Zip Code

TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

MAILING ADDRESS (if different from above):

Address or P.O. Box City State Zip Code

SALES TAX ID: _____ DRIVERS LICENSE NO: _____
ORIGINATION DATE: _____ DL EXPIRATION DATE: _____ STATE _____
FEDERAL ID: _____ STATE ID: _____

INSURANCE: _____
Name _____
Address _____

PRIMARY OWNERS NAME: _____
ADDRESS: _____
Physical Address Mailing Address
TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

SECONDARY OWNERS NAME: _____
ADDRESS: _____
Physical Address Mailing Address
TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

MANAGERS NAME: _____
ADDRESS: _____
Physical Address Mailing Address
TELEPHONE 1: _____ TELEPHONE 2: _____
FAX: _____ E-MAIL: _____

OWNERS SIGNATURE

MANAGERS SIGNATURE

FOR OFFICE USE ONLY

APPROVAL:

P & Z: _____ DATE: _____

FIRE CHIEF: _____ DATE: _____

POLICE CHIEF: _____ DATE: _____

LICENSE:

FEE \$20.00 ANNUAL

LICENSE # _____ \$10.00 RENEWAL FEE DATE PAID: _____

DATE ISSUED: _____ DATE EXPIRED: _____